

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, 8th Floor
San Francisco, California 94111-3834
(415) 576-0200

In re application of: Grey et al.

Application No.: 08/349,177

Filed: December 2, 1994

Group Art Unit: 1644

For: HLA-A2.1 BINDING PEPTIDES AND THEIR USES

THE ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Amendment

Attorney Docket No. 018623-005840US

Date: August 11, 1999

I hereby certify that this is being deposited with the United States
Postal Service as first class mail in an envelope addressed to

Assistant Commissioner for Patents
Washington, D.C. 20231

AUG 19 1999

Signed: Jennifer K. Hardin

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Enclosed is a petition to extend time to respond.
[X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
[X] Petition for Withdrawal of Finality
[X] Petition to Extend Time
[X] Supplemental Information Disclosure Statement

[]

If any extension of time is needed, then this response should be considered a petition therefor.
The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	*71	MINUS	** 39	= 32
INDEP.	* 4	MINUS	*** 4	= 0
[] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

RATE	ADDIT. FEE
x \$9.00 =	\$288
x \$39.00 =	\$
+ \$130.00 =	
TOTAL ADDIT. FEE	\$288.00

OTHER THAN
SMALL ENTITY

RATE	ADDIT. FEE
x \$18.00 =	
x \$78.00 =	
+ \$260.00 =	
TOTAL	

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, then write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[] No fee is due.

Please charge Deposit Account No. 20-1430 as follows:

[X] Claims fee

\$ 288.00

[X] Any additional fees associated with this paper or during the pendency of this application.

2 extra copies of this sheet are enclosed.

08/18/1999 MBLANCO 00000032 201430 08349177
01 FC:203 288.00 CH

TOWNSEND and TOWNSEND and CREW LLP

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